

Name
in
Full

CERTIFICATE OF DEATH

Clarence Bennett
Town *near Rockville* County *Montgomery*
Died at *near Rockville*

MARYLAND

Date of death | 90 *9* Month *6* Day *27* Age *9* Years Months *9* Days *—*

Sex *Male* Color or Race *Colored* Birth-place *Maryland*

Occupation *None* Where Residing if not at place of death *X*

Married, Single or Widowed *Single* Name of Wife or Husband *X*

Father's Name *Walter Bennett* Father's Birthplace *Maryland*

Mother's Maiden Name *Hester Harney* Mother's Birthplace *Maryland*

Name of person giving information *Walter Bennett* How related to deceased *Father*

CAUSES OF DEATH

27

Primary *Whooping Cough* How long *Three months*

Immediate *General Tuberculosis* How long *Two months*

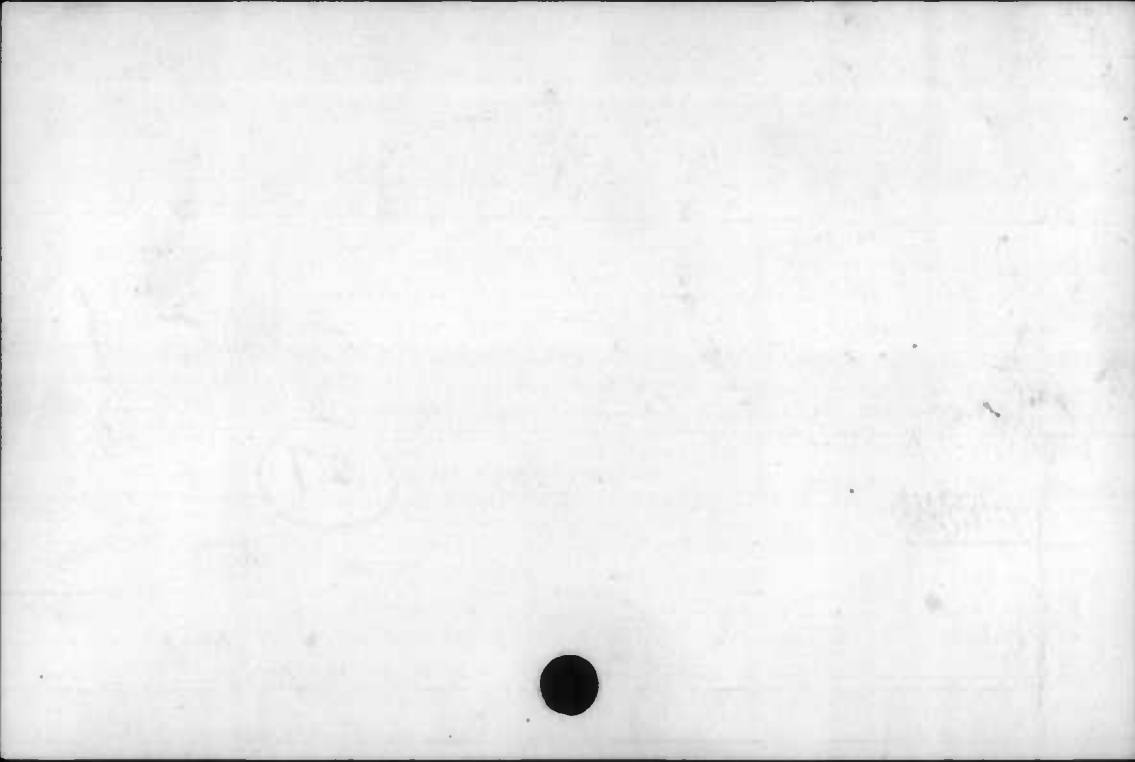
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Edward Anderson M.D.*
Address *Rockville, Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full Ida L. Brent		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died near Grifton ^{Town}		Montgomery ^{County}		MARYLAND	
	Date of death 1907	Month June	Day 16	Age 40 Years	Months 7 Days 2	
	Sex Female	Color or Race Colored		Birth-place Montg. Co. Md.		
	Occupation Housewife		Where Residing if not at place of death			
	Married, Single or Widowed Married	Name of Wife or Husband Alexander Brent				
	Father's Name George Williams	Father's Birthplace Montg. Co. Md.				
	Mother's Maiden Name Mrs. J. Williams	Mother's Birthplace Montg. Co. Md.				
Name of person giving information Henry H. Brown		How related to deceased No relation				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary Apoplexy		How long 13 days			
	Immediate Arteriosclerosis		How long			
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Chas. Farguhar			
			Address Olney, Md.			
	Accident or Suicide?					

64



Name
in
Full

William A. Burroughs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Freeland</u> <small>Town</small>		<u>Montgomery</u> <small>Court</small>		MARYLAND	
Date of death	1909	Month	June	Day	25
Age	54	Years		Months	
Sex	male	Color or Race	White	Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband Alice Burroughs		
Father's Name	Geo Burroughs		Father's Birthplace Ma		
Mother's Maiden Name	Julia Burroughs		Mother's Birthplace "		
Name of person giving information	Earnest A Burroughs		How related to deceased son		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<u> Pneumonia </u>	How long	<u> 3 weeks </u>
Immediate	<u> Inflammation </u>	How long	<u> 4 days </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u> Yes </u>		<u> L. A. Fox </u>	
		Address	
		<u> Brittain </u>	
Accident or Suicide?			

1855 = 1909

Name
in
Full

Ellen Martha Claggett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Laytonville</i>		Town <i>Laytonville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>June</i>	Day <i>22</i>	Age <i>42</i>	Years	Months <i>5</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>-</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alphonse Montgomerie Claggett</i>						
Father's Name <i>Francis Mann Freley</i>	Father's Birthplace <i>Frederick Co</i>						
Mother's Maiden Name <i>Margaret A Hargett</i>	Mother's Birthplace <i>Frederick Co</i>						
Name of person giving information <i>Chas Estelle Hargett</i>	How related to deceased <i>Step Daughter</i>						

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>5 1/2 days</i>
Immediate <i>Paralysis of Brain</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. [Signature]</i>
	Address <i>Laytonville Ind</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

Russell British-Caston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

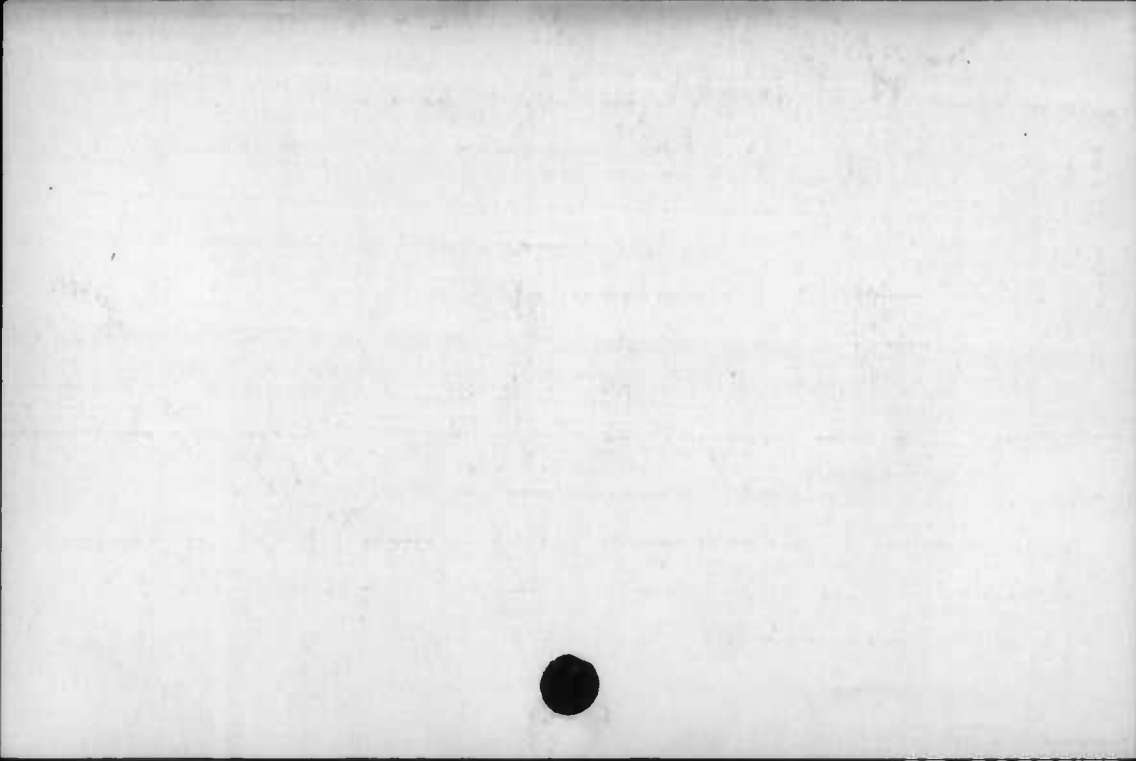
Died at <i>Bethesda</i> ^{Town}		<i>Montg.</i> ^{County}		MARYLAND	
Date of death	<i>1909</i> ^{Month}	<i>June</i> ^{Day}	<i>24</i> ^{Age}	<i>6</i> ^{Months}	<i>—</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>—</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Edward C. Caston</i>			Father's Birthplace	<i>Ind.</i>
Mother's Maiden Name	<i>Bathernie Jones</i>			Mother's Birthplace	<i>Ind.</i>
Name of person giving information	<i>Bathernie Caston</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	<i>Acute Meningitis</i>	How long	<i>Two days</i>
Immediate	<i>Heart failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Anthony W. Ray</i>	
		Address	
		<i>Germany Ave. DC</i>	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

Fracey

Town

County

Died at

Near Rockville

Montgomery

MARYLAND

Date

of death 1909

Month

6

Day

6

Age

Year

53 1/2

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Jas. W. Fracey

Father's
Birthplace

Md.

Mother's
Maiden Name

J. B. Harrison

Mother's
Birthplace

Md

Name of person giving
In formation

Jas W. Fracey

How related
to deceased

Father

CAUSES OF DEATH

Primary

unknown

How long

How long

X

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

O. M. P. Thompson

Address

Rockville Md

Accident or Suicide?

X

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1814

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Jimmie Gloyd
Gaithersburg Montg

MARYLAND

Date

of death

1909 June

Month

Day

12

Age

Years

Months

Days

6

Sex

Female

Color or
Race

white

Birth-
place

Gaithersburg

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

R. A. Gloyd

Father's
Birthplace

Gaithersburg

Mother's
Maiden NameMother's
Birthplace

Boyd

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

72

How long

Lockjaw

Immediate

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

E. H. Eubison
Gaithersburg

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Charles John Hermann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Takoma Park</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	190 <i>9</i>	Month <i>June</i>	Day <i>3</i>	Age <i>68</i>	Years	Months <i>unknown</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Germany</i>				
Occupation <i>Minister of Gospel</i>	Where Reiding if not at place of death <i>524 2nd Ave. Arlington</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Bertha Henrietta Hermann</i>						
Father's Name <i>Not known</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving Information <i>Henry T. Elliott</i>	How related to deceased <i>Step son</i>						

CAUSES OF DEATH

125 ✓

PHYSICIAN
OR CORONER

Primary <i>Prostatic Enlargement</i>	How long <i>Probably - 4 yrs</i>
Immediate <i>Surgical Shock</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. H. Kress</i>
<i>(D. D. A. Sanitarium)</i>	Address <i>Takoma Park D.C.</i>
Accident or Suicide	<i>over</i>

original

L. M. Moore,
Registrar Takoma Park
Montgomery Co. Md.,

J. R. Wright

Name
in
Full

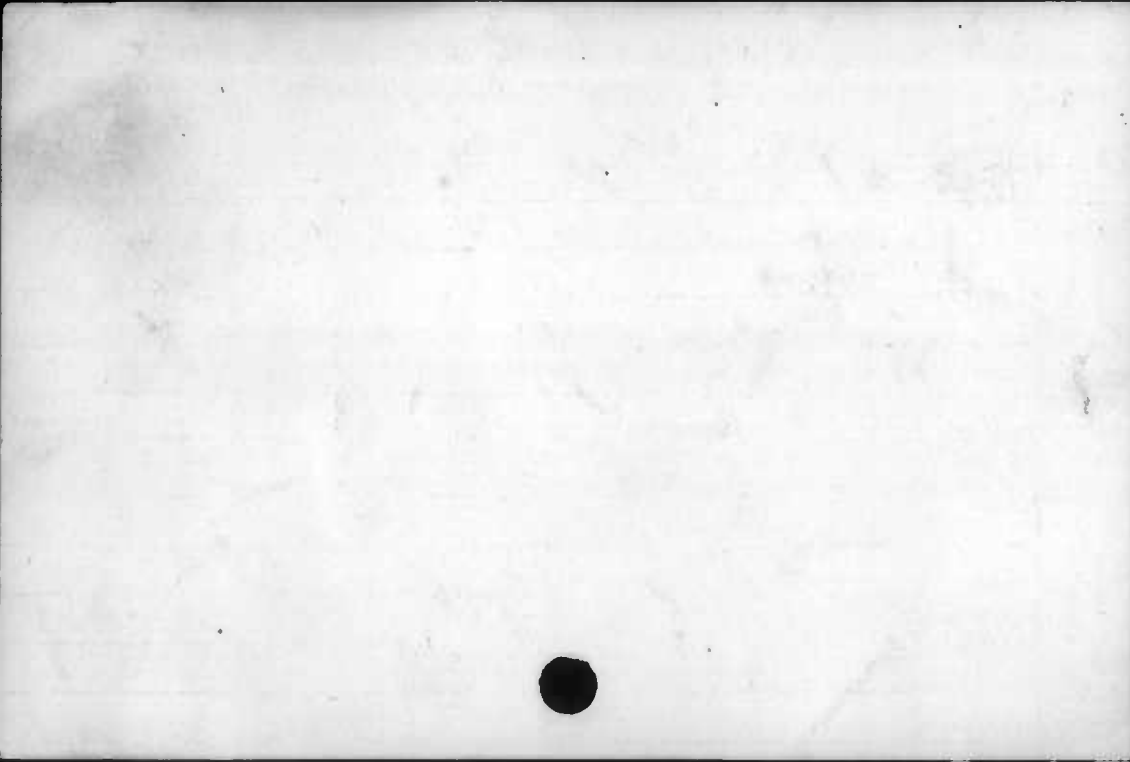
CERTIFICATE OF DEATH

Name in Full <i>Mary Doria Johnson</i>		Town <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
		<i>1909 June 25</i>		<i>40</i>			
Sex <i>female</i>		Color or Race <i>black</i>		Birth-place <i>Ind.</i>			
Occupation <i>cook</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>William Johnson</i>					
Father's Name <i>Samuel Davis</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>William Johnson</i>		How related to deceased <i>husband</i>					

CAUSES OF DEATH

(68) ✓

PHYSICIAN OR CORONER	Primary	<i>Paramia</i>	How long	<i>15 mins</i>
	Immediate	<i>General Chancion</i>	How long	
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
	Signature of Physician <i>F. H. Henderson</i>		Address <i>Rockville Ind</i>	
Accident or Suicide?				



Name
in
Full

Mary Frances Johnson
Town Ashton County Montg.

CERTIFICATE OF DEATH

MARYLAND

Died at Ashton

Date of death 1909 June

Day 11

Age 54

Years 5

Months 5

Days 0

Sex Female

Color or Race White

Birth-place Virginia

Occupation

Housewife

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

James Jefferson Johnson

Father's Name

Opie Lindsay

Father's Birthplace

Virginia

Mother's Maiden Name

Mary Gorham

Mother's Birthplace

Name of person giving Information

Susan Johnson

How related to deceased

Daughter

CAUSES OF DEATH

Primary

Alveolar Necrosis (specific)

How long

19 months

Immediate

Pneumonia

How long

Are the name, age, sex, color, data and place correctly given above?

Yes

Signature of Physician

Address

Wm. F. Stabler
Brighton

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		SARAH ANN JOHNSON				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Laytonville		County Montgomery		MARYLAND
	Date of death		1909	Month June	Day 6	Age 77	Months 7 Days 10
	Sex Female		Color or Race Colored		Birth-place Montgomery Co		
	Occupation General House work		Where Residing if not at place of death				
	Married, Single or Widowed widowed		Name of Wife or Husband Widow of Isaac Johnson				
	Father's Name Samuel Coplin		Father's Birthplace Montgomery Co				
	Mother's Maiden Name Charlotte Ross		Mother's Birthplace Montgomery Co				
Name of person giving information Isaac Johnson		How related to deceased Son					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Mitral Disease of Heart				How long For 9 weeks
	Immediate		Heart Failure				How long Immediate
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician W. H. Hays		
					Address Laytonville Ind		
Accident or Suicide?							



Name

in
Full

Bettie Walke Judkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Forest Glen* ^{Town} *Montgomery* ^{County} **MARYLAND**

Date of death **1909** Month *6* Day *14* Age *60* Years Months *5* Days *14*

Sex *female* Color or Race *white* Birth-place *Va.*

Occupation *Gentlewoman* Where Residing if not at place of death *Norfolk Va.*

Married, ~~Single~~ *or Widowed* Name of Wife or Husband *Wm E. Judkins*

Father's Name *Hodges* Father's Birthplace *Va.*

Mother's Maiden Name *Walke* Mother's Birthplace *Va.*

Name of person giving information *Wm E. Judkins* How related to deceased *Husband*

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary *Intestinal obstruction* How long *2 weeks*

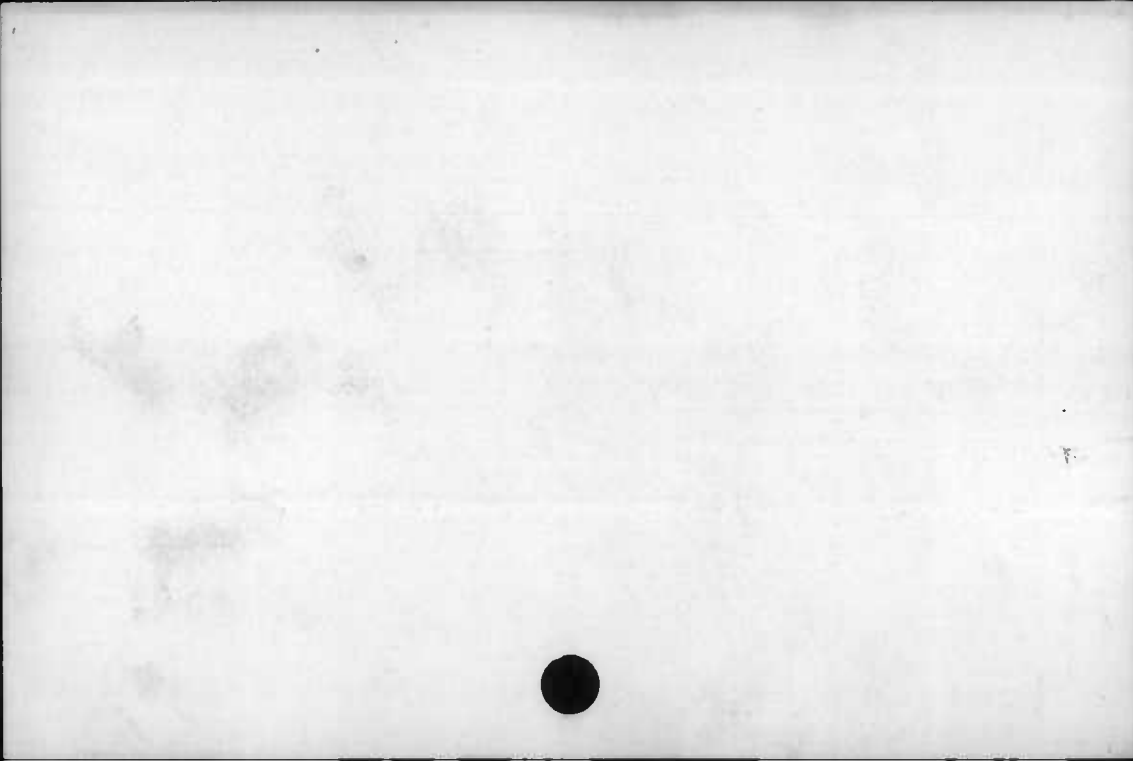
Immediate *Inanition* How long *2 1/2 months*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *E. H. Wright*

Address *Forest Glen*

Accident or Suicide? *_____*



Name
in Full

Malcolm Lee Kerby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Washington Grove				Montgomery			
Date	Month	Day	Years	Months	Days		
of death 1909	June	25	Age 24	3	29		
Sex	Male	Color or Race	W	Birth-place	Fairfax Co. Va		
Occupation	Farming			Where Residing if not at place of death	Alexandria Va		
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		James Owen Kerby			Father's Birthplace		
					Pring's Ferry C Maryland		
Mother's Maiden Name		Rachel Collard			Mother's Birthplace		
					Fairfax Co. Va.		
Name of person giving Information		Mrs Lida Greenfield			How related to deceased		
					Sister		

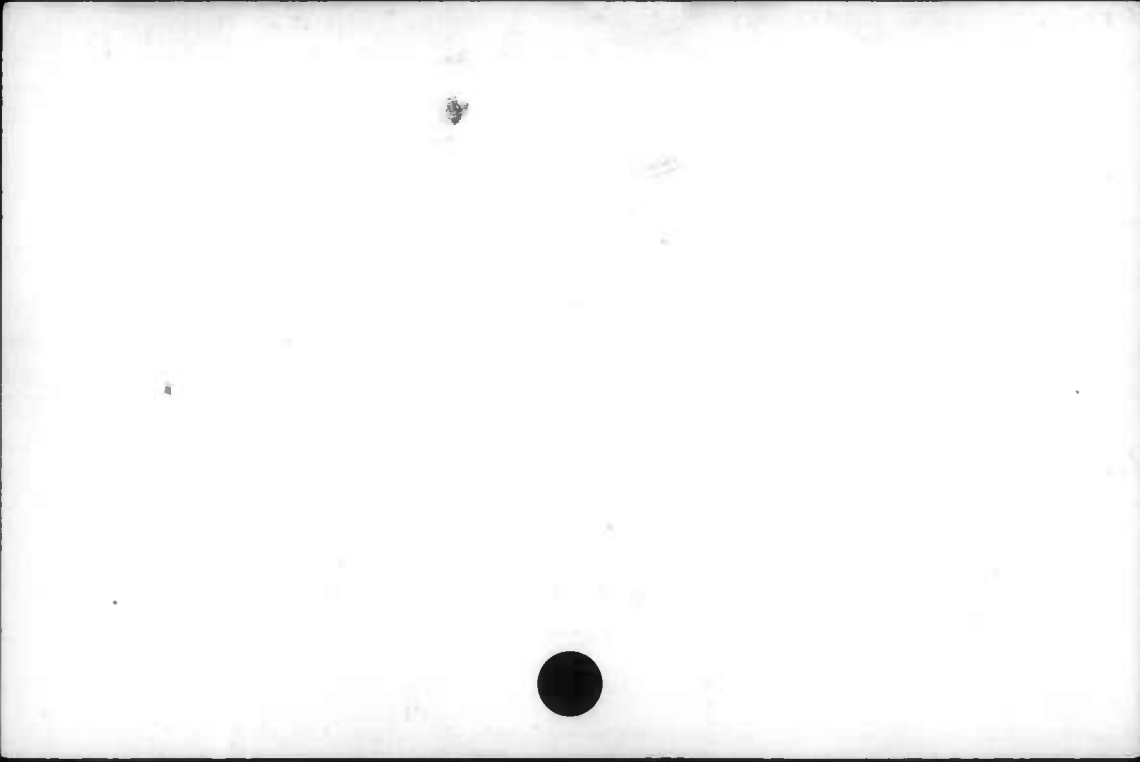
CAUSES OF DEATH

27

V

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis	How long	3-4 years
Immediate	Pulmonary tuberculosis	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		John S. Lindsey	
		Address	
		Washington Grove, Va	
		Stamant Sanatorium	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Herbick Lewis

Died at *Foundlings Hosp.* *Montgomery* County **MARYLAND**

Date of death *1909 June 20* Month *June* Day *20* Age *0* Years *0* Months *3* Days *14*

Sex *Male* Color or Race *White* Birth-place *D.C.*

Occupation *none* Where Residing if not at place of death ☒

Married, Single or Widowed *Single* Name of Wife or Husband ☒

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Mrs. Hagling, Nurse* How related to deceased *none*

CAUSES OF DEATH

169

PHYSICIAN
OR CORONER

Primary *Marasmus* How long *since birth*

Immediate *Heat prostration* How long *✓*

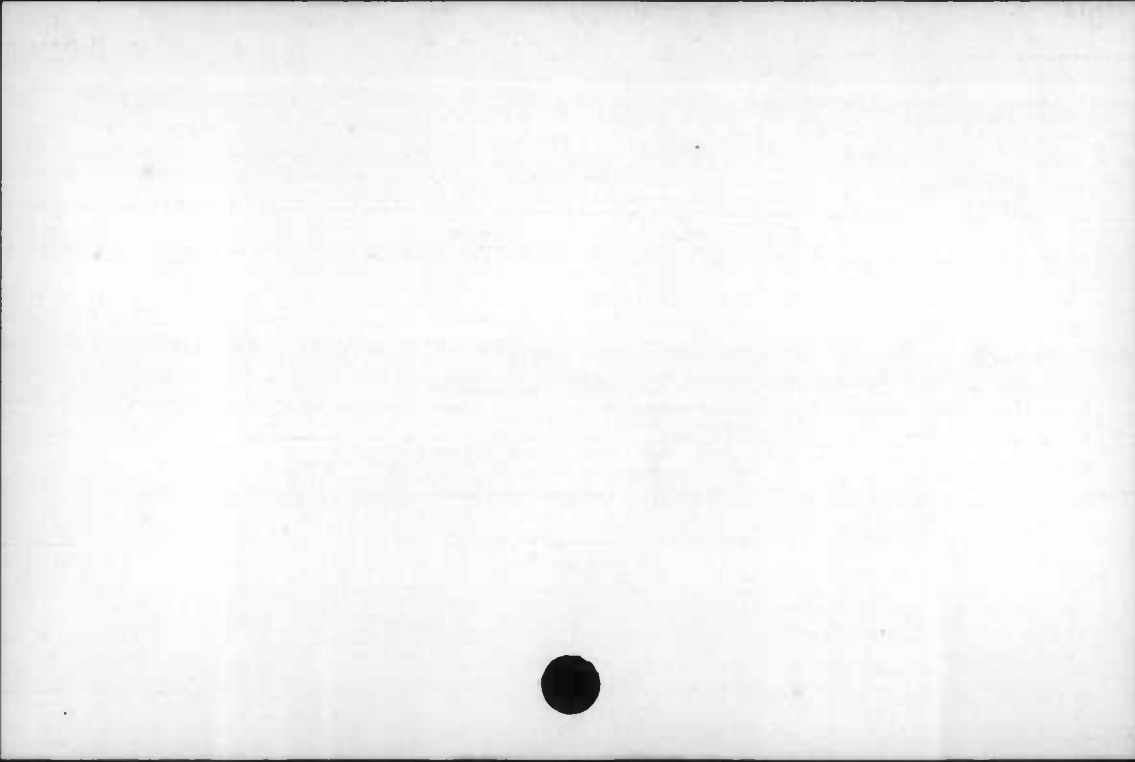
Are the name, age, sex, color, date and place correctly given above? *yy*

Signature of Physician *John L. Lewis M.D.*
Address *Bethesda, Md.*

Accident or Suicide



Name in Full		Lincoln		County		Moutgomery		CERTIFICATE OF DEATH	
		Town		Brighton		MARYLAND			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Brighton		Moutgomery					
	Date of death	1909	June	23	Age	—	Months	—	Days
	Sex	Female		Color or Race		Colored		Birth-place	
	Occupation	None		Where Residing if not at place of death		Brighton, Md.			
	Married, Single or Widowed	Single		Name of Wife or Husband		None			
	Father's Name	Geo. H. Lincoln				Father's Birthplace		Moutg. Co., Md.	
PHYSICIAN OR CORONER	Mother's Maiden Name	Wm. S. Berkley				Mother's Birthplace		Wm. S. Md.	
	Name of person giving information	Geo. S. Berkley				How related to deceased		Father.	
					CAUSES OF DEATH		(S)		
	Primary	Still born.				How long			
	Immediate					How long		8 months child	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		Aug. Stabler			
				Address		Brighton, Md.			
	Accident or Suicide?				For Dr. Stabler per H. O.				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Anna McHenry*

Town *Roadville* County *Montgomery* MARYLAND

Died at *Roadville*

Date of death *1909* Month *6* Day *29* Age *X* Years *9* Months *5* Days

Sex *Female* Color or Race *white* Birth-place *Ind*

Occupation *X* Where Residing if not at place of death *X*

Married, Single or Widowed *X* Name of Wife or Husband *X*

Father's Name *Engene P. McHenry* Father's Birthplace *Ind*

Mother's Maiden Name *Blanche English* Mother's Birthplace *Ind*

Name of person giving information *E. P. McHenry* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *1 day*

Immediate *Cerebral* How long *X*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *O. McHenry*

Address *Roadville Ind*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

James H. Mallonee

Town

County

Died at

Kensington

Montgomery

MARYLAND

Date

of death

1909 June

Day

15

Age

about 36

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

MD

Occupation

Printer

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Divorced

Name of Wife or
Husband

Dont Know

Father's
Name

Dont Know

Father's
Birthplace

Dont Know

Mother's
Meidan Name

Dont Know

Mother's
Birthplace

Dont Know

Name of parson giving
Information

Physician

How related
to deceased

Not at all

CAUSES OF DEATH

Primary

Push wound in left breast

Immediata

Hemorrhage

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. L. Lewis

Address

Kensington

Accident or Suicida

Suicide

How long

159

How long

10 min

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bonnesville</u>		Town <u>Bonnesville</u>		County <u>Montgomery</u>		State <u>MARYLAND</u>	
Date of death	190 <u>9</u>	Month <u>June</u>	Day <u>19</u>	Age <u>—</u>	Years <u>—</u>	Months <u>6</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>			Birthplace <u>Bonnesville, Md</u>			
Occupation <u>—</u>				Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>				Name of Wife or Husband <u>—</u>			
Father's Name <u>Geo Mercer</u>				Father's Birthplace <u>Bonnesville</u>			
Mother's Maiden Name <u>Mary Mercer</u>				Mother's Birthplace <u>—</u>			
Name of person giving Information <u>—</u>				How related to deceased <u>Mother</u>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Enteric - colitis</u>	How long	<u>1 month</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Taylor E. Dorch</u>	
		Address <u>Sub Reg</u>	
Accident or Suicide		<u>Bonnesville, Md</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John R. Mount</i>		Town <i>Damascus</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Died at		Month <i>June</i>		Day <i>18</i>		Years <i>71</i>	
Date of death <i>1909</i>		Months <i>1</i>		Days <i>—</i>			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Fredk. Co., Md.</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan C. Mount</i>					
Father's Name <i>Robert Mount</i>		Father's Birthplace <i>Fredk. Co., Md.</i>					
Mother's Maiden Name <i>Sarah Baker</i>		Mother's Birthplace <i>Fredk. Co., Md.</i>					
Name of person giving Information <i>James M. Mount</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

(64) ✓

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bright's Disease</i>	How long	<i>Unknown</i>
Immediate	<i>Cerebral Hemorrhage</i>	How long	<i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. M. Boyer</i>	
		Address <i>Damascus Md.</i>	
Accident or Suicide			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Orme Jr.

Town

County

MARYLAND

Died at Cherry Chase

Date

of death 1909

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Premature Birth

How long

2 mo.

Immediate

Gastro-enteritis

How long

2 weeks.

Are the name, age, sex, color, date
and place correctly given above?

yes

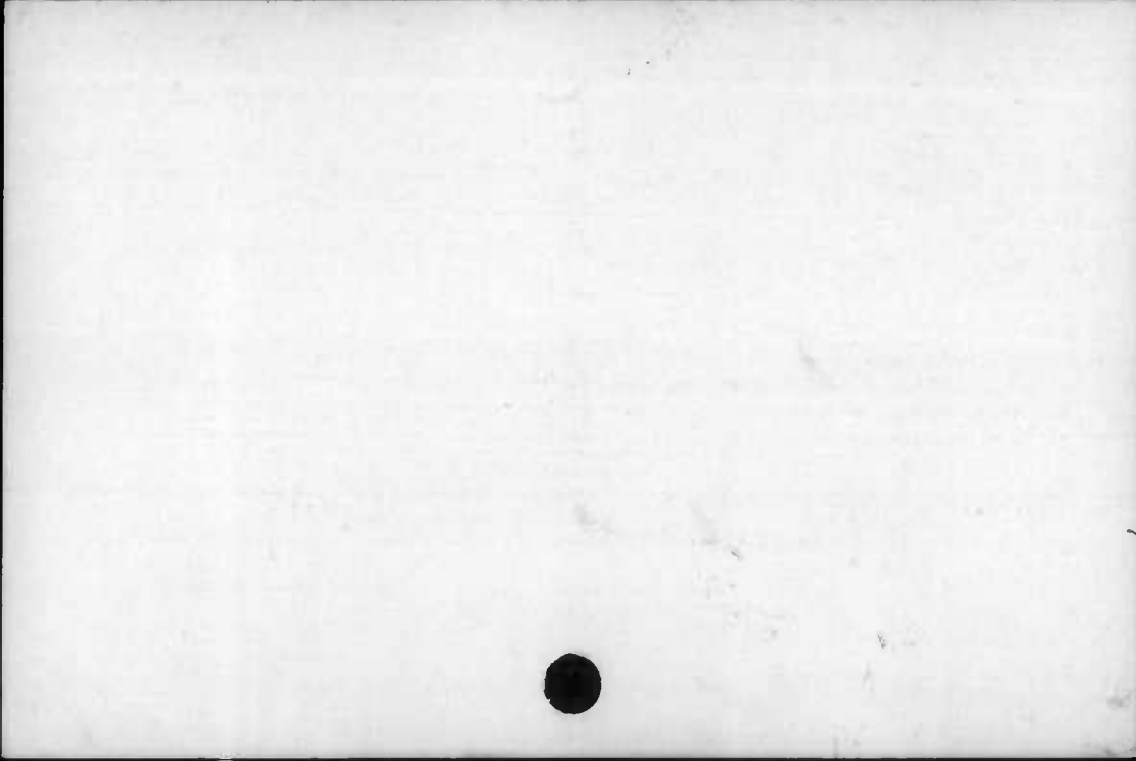
Signature of
Physician

Address

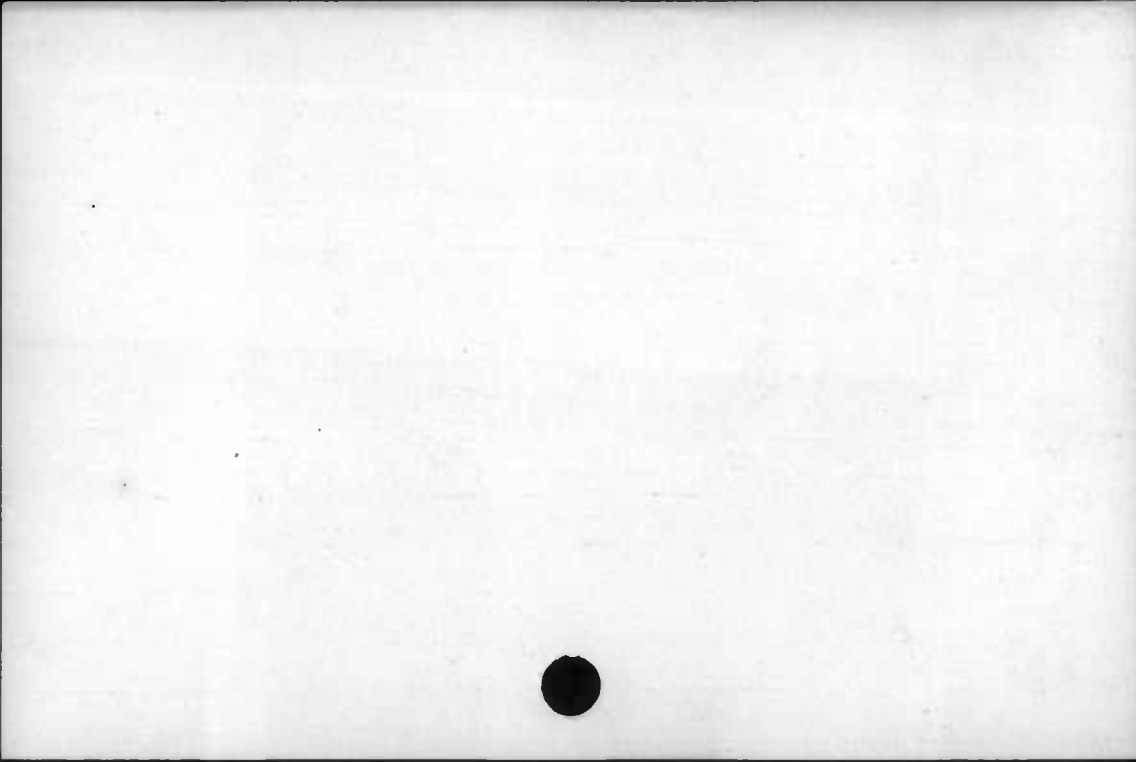
J. Thomas Kelley Jr.
1312 15th St
Washington D.C.

Accident or Suicide?

LIBRARY BUREAU 455615



Name in Full		Penelope Parker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Sandy Spring		Montgomery		MARYLAND	
	Date of death	1909	June	22nd	Age	70	Months —
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Ira Parker				Father's Birthplace	
	Mother's Maiden Name	Ann Wheeler				Mother's Birthplace	
Name of person giving information		Mere thetherald				How related to deceased	
						Sister.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Old age and debility; Bright's disease				How long	120 ✓
	Immediate	Asthenia				How long	3 years
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Olney, Md.		
Accident or Suicide?							



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Takoma Park</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>9</i>	Age <i>17</i>	Years	Months	Days	
Sex <i>F</i>	Color or Race <i>white</i>		Birth-place <i>Pa</i>				
Occupation <i>none</i>	Where Residing If not at place of death <i>Hanville Pa</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Alliver H. Pitner</i>	Father's Birthplace <i>Pa.</i>						
Mother's Maiden Name <i>Elena M. Blecher</i>	Mother's Birthplace <i>Pa.</i>						
Name of person giving information <i>Margaret S. Pitner</i>	How related to deceased <i>Aunt</i>						

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of heart</i>	How long <i>1 year</i>
Immediate <i>Syncope</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Alfred T. Hayson</i>
	Address <i>Takoma Park, D.C.</i>
Accident or Suicide?	<i>(over)</i>

L. M. Mooers,
Registrar Takoma Park Md.

Name In Full <i>Mrs Elizabeth Pope</i>		CERTIFICATE OF DEATH			
Died at <i>near Etchison</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>June</i> <small>Month</small>	<i>22</i> <small>Day</small>	<i>71</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>22</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Princess Anne Co Va</i>		
Occupation <i>Housewife</i>		Where Residing If not at place of death			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Charles A Pope</i>				
Father's Name <i>Delaware West</i>	Father's Birthplace <i>Montgomery Co</i>		Mother's Birthplace <i>Princess Anne Va</i>		
Mother's Maiden Name <i>Amy Bonny</i>	Name of person giving information <i>Charley Hawkins</i>		How related to deceased <i>Son in law</i>		
CAUSES OF DEATH					
Primary <i>Paralysis</i>			How long <i>7 mon</i>		
Immediate <i>Toxemia from Dry Gangrene of both feet</i>			How long <i>one week</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>W H Wagon</i>		
			Address <i>Raytownville Md</i>		
Accident or Suicide?					



Name in Full		Lottie Popper				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Bethesda</i> Town		<i>Montgomery</i> County		MARYLAND		
		Date of death <i>1909</i>	Month <i>June</i>	Day <i>8</i>	Age	Years	Months <i>1</i>	Days
		Sex <i>Female</i>		Color or Race <i>W.</i>		Birth-place <i>D.C.</i>		
		Occupation <i>None.</i>		Where Residing if not at place of death <i>X</i>				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name <i>Unknown (Popper?)</i>		Father's Birthplace <i>?</i>				
		Mother's Maiden Name <i>"</i>		Mother's Birthplace				
Name of person giving information <i>Mrs. Kickenney</i>		How related to deceased <i>Not at all</i>						
		CAUSES OF DEATH		<div style="border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">151</div>				
PHYSICIAN OR CORONER		Primary <i>Premature Birth -</i>		How long <i>1 mo</i>				
		<i>Exhaustion</i>		How long <i>"</i>				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. H. Munnar M.D.</i>				
		<i>Was an inmate of the Washington</i> <i>Hospital any time at</i> Accident or Suicide? <i>Bethesda.</i>		Address <i>Rockville</i>				

1



Name
in
Full

Hildegarde Elizabeth Simon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ednor</u>		Town		<u>Montgomery</u>		County		MARYLAND	
Date of death 1909	Month <u>June</u>	Day <u>30</u>	Age	Years	Months <u>5</u>	Days <u>23</u>			
Sex <u>female</u>	Color or Race <u>white</u>		Birth- place <u>Wash. D.C.</u>						
Married, Single or Widowed			Occupation						
Name of Wife or Husband									
Father's Name <u>Louis A. Simon</u>				Father's Birthplace <u>Baltimore</u>					
Mother's Maiden Name <u>Theresa B. McConnor</u>				Mother's Birthplace <u>"</u>					
Name of person giving In formation <u>Louis A. Simon</u>				How related to deceased <u>father</u>					

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<u>Malnutrition</u>	How long	<u>4 months</u>
Immediate	<u>Convulsions</u>	How long	<u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Aug F. Stabler</u>
		Address	<u>Brighton</u>
Accident or Suicide?			



Name
in
Full

Philemon M Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

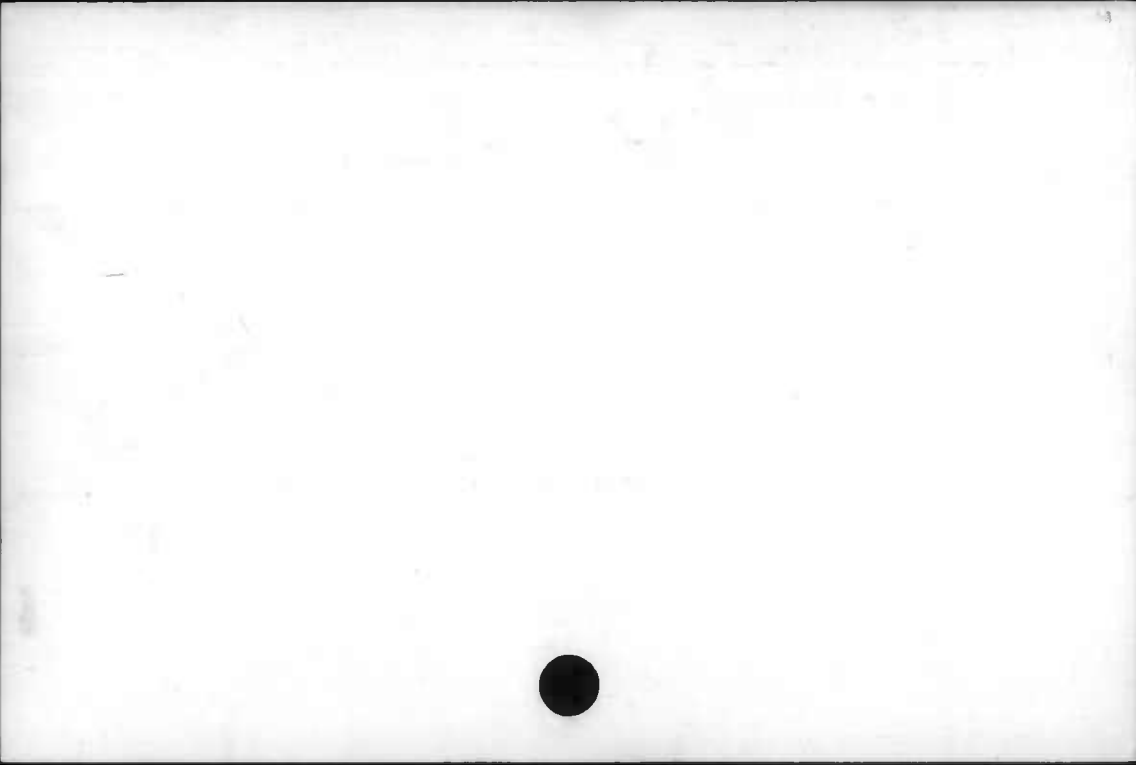
Died at		Town Gaithersburg		County montg-		MARYLAND	
Date of death	1909	Month	6	Day	4	Years	89
Sex		male		Color or Race		white-	
Occupation		Retired merchant & farmer		Where Residing if not at place of death		Same	
Married, Single or Widowed		married		Name of Wife or Husband		A. Rose Cannon	
Father's Name		Philemon M Smith		Father's Birthplace		md	
Mother's Maiden Name		Elizabeth Hatter		Mother's Birthplace		"	
Name of person giving Information		Mrs P. M. Smith		How related to deceased		wife	

CAUSES OF DEATH

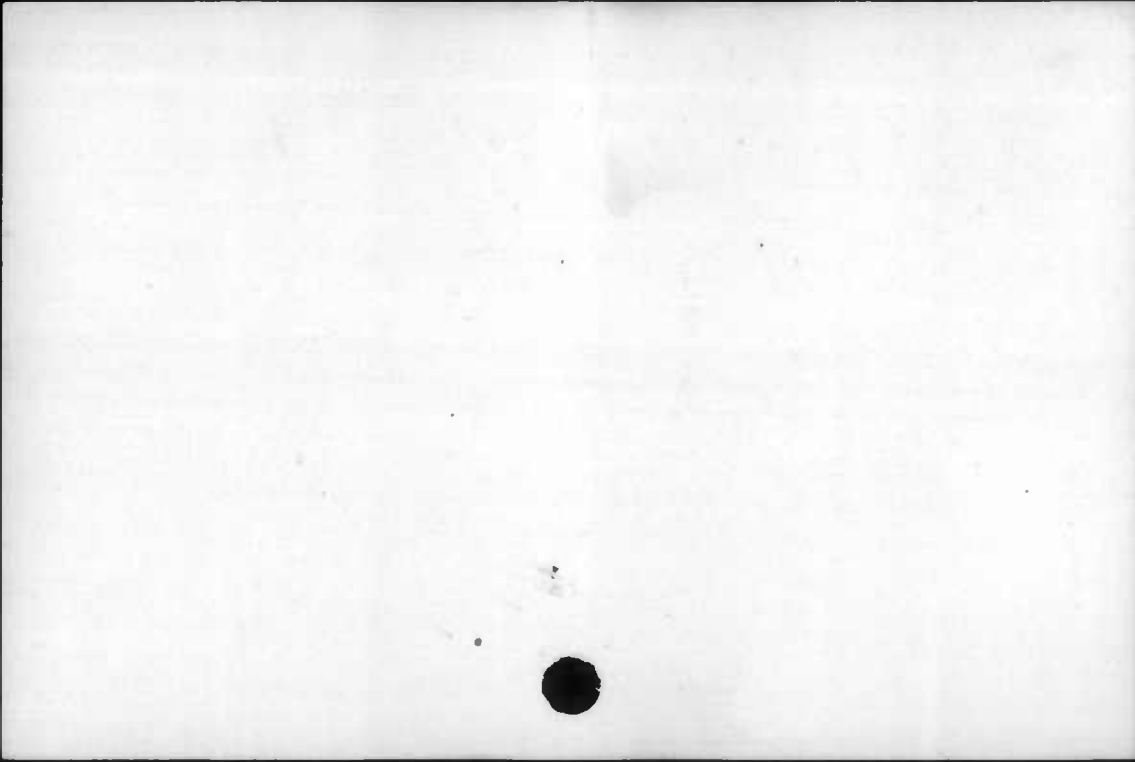
154

PHYSICIAN
OR CORONER

Primary	Smility	How long	
Immediate	Heart Failure	How long	unknown
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. B. Hardox	
Address		Gaithersburg	
Accident or Suicide		Natural	



Name in Full		Chas. J. Teylon				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Silva Spring</i>		County <i>Montgomery</i>		MARYLAND		
	Date of death	1909	Month	June	Day	18	Age
			Year	55	Months	10	Days
	Sex	Male		Color or Race	White		Birth-place
					Va.		
	Occupation	Laborer		Where Residing if not at place of death			
	Married, Single or Widowed		Married		Name of Wife or Husband		
				Laura Simpson			
Father's Name		Annetta J. Teylon			Father's Birthplace		Va.
Mother's Maiden Name		Nancy			Mother's Birthplace		"
Name of person giving information		Laura Teylon			How related to deceased		wife
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Valvular disease of heart				How long	6 mos.
	Immediate	Syncope				How long	4 days
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				Address		
					Silva Spring Md.		
Accident or Suicide?							



Name
in
Full

Miss Ssee E. Trundle

CERTIFICATE OF DEATH

Died at <i>Gaithersburg</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>6</i>		Day <i>8</i>		Age <i>71</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Montgomery, Md.</i>		Months <i>—</i>	
Occupation <i>Companion</i>		Where Residing if not at place of death <i>Same</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Father's Name <i>Wm Trundle</i>		Father's Birthplace <i>Montgomery Md.</i>		Mother's Name <i>Francis M Hampstone</i>		Mother's Birthplace <i>Montgomery Md.</i>	
Name of person giving Information <i>Mrs Annie Nichols</i>		How related to deceased <i>Sister</i>		Years <i>—</i>		Days <i>—</i>	

CAUSES OF DEATH

64 ✓

Primary	<i>Cerebral Haemorrhage</i>	How long	<i>12 days</i>
Immediate	<i>Paralysis</i>	How long	<i>12 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H B Haddock</i>	
		Address <i>Gaithersburg</i>	
<i>Accident or Suicide</i> <i>Natural</i>		<i>Manly Land</i>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Cravin Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Gaithersburg</i>		County <i>Mont</i>		MARYLAND	
Date of death		Month <i>June</i>		Day <i>5</i>		Age <i>8</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth- place <i>do not know</i>		Months Days	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>—</i>		Mother's Birthplace <i>—</i>	
Father's Name <i>—</i>				Mother's Maiden Name <i>—</i>			
Name of person giving Information				How related to deceased <i>27</i>			

CAUSES OF DEATH

Primary	<i>Consumption</i>
Immediate	

How long

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J H Eathison
Gaithersburg

Accident or Suicide

Archibald

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Inez S. Veitch*
Burnt Mills Town *Montg* County

Date of death 1909 Month 6 Day 3 Age 15 Months 8 Days 2

Sex *Female* Color or Race *White* Birth-place *Pa*
OccupationWhere Residing if not
at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Robert Lee Veitch*Father's Birthplace *Pa*Mother's Maiden Name *Margaret Walker*Mother's Birthplace *D. C.*Name of person giving Information *" " Veitch*How related to deceased *Mother*

CAUSES OF DEATH

28

Primary *Tubercular Meningitis*
Immediate *Convulsions*

How long

How long

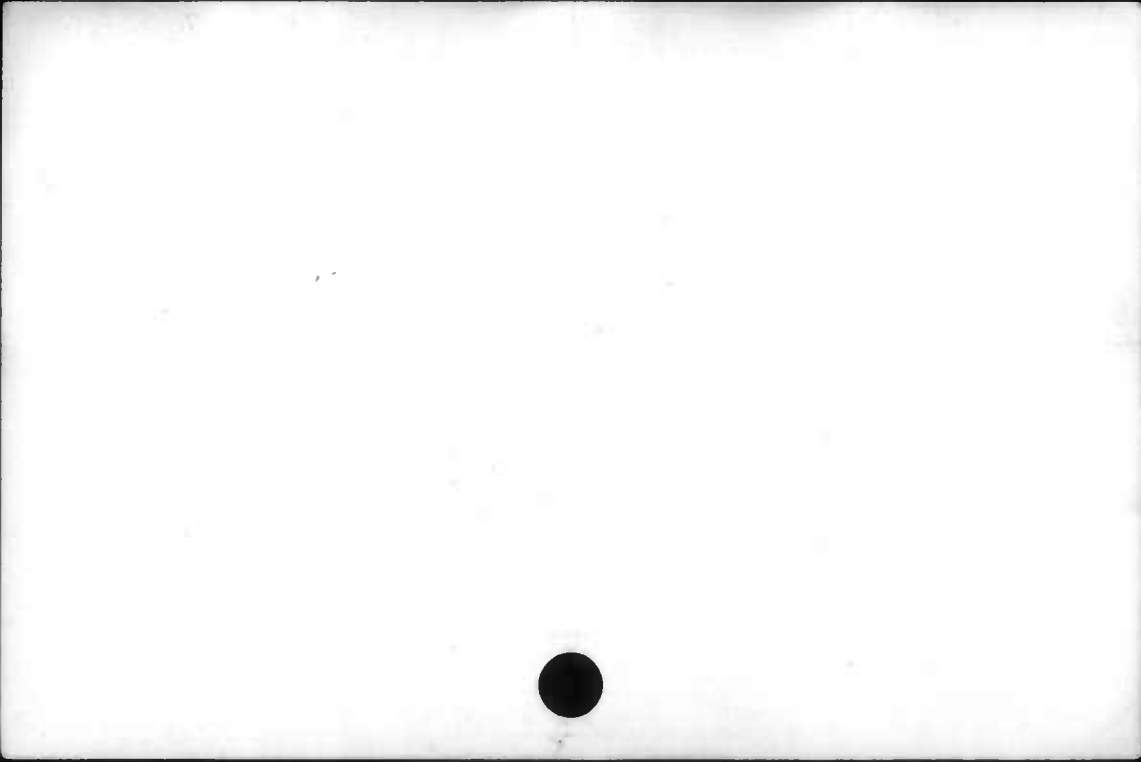
*1 mo**A few hrs*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

W. T. Brown M.D.
Silver Spring
md.

Accident or Suicida

PHYSICIAN
OR CORONER



Name
in
Full

Mary Warfield

CERTIFICATE OF DEATH

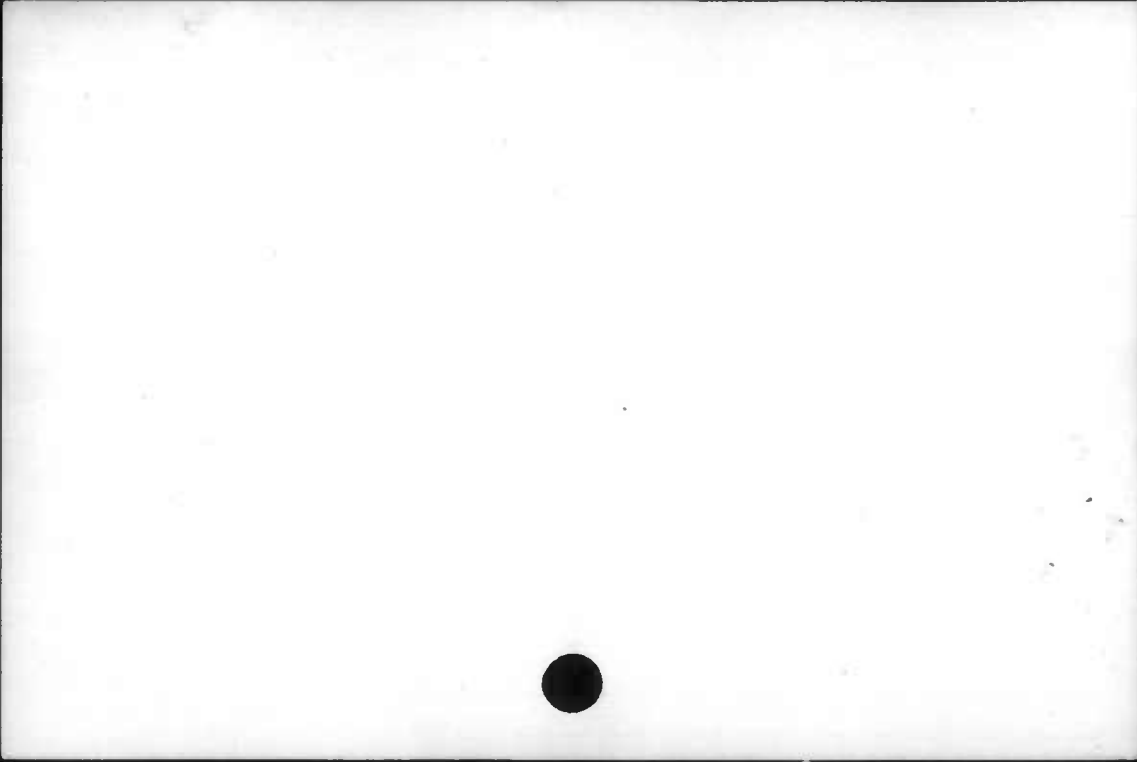
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gaithersburg</i>		Town		County <i>Montgomery</i>		MARYLAND	
Date of death	1909	Month	6	Day	5	Age	53
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Montgomery Md</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		<i>Same</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Albert Warfield</i>		
Father's Name	<i>Geo Bowie</i>				Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Mary Miles</i>				Mother's Birthplace	<i>"</i>	
Name of person giving Information	<i>George Bowie</i>				How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>8 days</i>
Immediate	<i>Paralysis</i>	How long	<i>8 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. B. Haddock</i>	
Address		<i>Gaithersburg Md</i>	
Accident or Suicide		<i>natural</i>	

PHYSICIAN
OR CORONER



Name in Full Jessie E Waters		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Laytonsville Town		County Montgomery
	Date of death 1909 Month Jan Day 30		Age 39 Years Months 1 Days
	Sex Female	Color or Race White	Birth-place Montgomery Co
	Occupation none	Where Residing if not at place of death —	
	Married, Single or Widowed Single	Name of Wife or Husband —	
	Father's Name Edward H Waters	Father's Birthplace Montgomery Co	
	Mother's Maiden Name Columbia J Magnuder	Mother's Birthplace Montgomery Co	
Name of person giving information Columbia J Magnuder Waters		How related to deceased mother	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pulmonary Tuberculosis	How long 9 years	27
	Immediate General Exhaustion	How long several weeks	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W H Oyeon	
		Address Laytonsville	
	Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Date of death		Month	Day	Years	Months	Days	
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Father's Name		Mother's Maiden Name		How related to deceased			
Name of person giving Information							

CAUSES OF DEATH

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide	

